Fees pursuant to th	ENSCINA on 1						
Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).				Complete if Known			
FEE TRANSMITTAL			Application Numbe	r 09/837,268		RECEIV	
			Filing Date	04/18/2001			
	for FY	2005		First Named Invent			CENTRAL FAX
				Examiner Name	T.B. Truong		IANOF
Applicant cla	ims small enti	ity status. Se	9 37 CFR 1.27	Arl Unfil	2195		JAN 11 5
TOTAL AMOUNT OF PAYMENT (\$) 120.00				Allomey Dockel No	PD010067 - 0	Sustamer No. 2	24495
METHOD OF PAYMENT	f (check all that a)	ועומס	`				
Customer Number	redit card 24498	☐ Money (☐ None	Other (ples	se identify):	
Charge a	lentilled depos lee(s) indicate any additiona	It account, the ed below I fee(s) or ur	Director is hereb	" 🔯 Credit anv	eck all that apply e(s) indicated to compare	elow, exce	ept for the filing fee
EE CALCULATION							
	<u> </u>						
I. BASIC FILING, SI	EARCH, AND FILING F	EXAMINATIO EES					
h		Small Entity	SEARC	CH FEES Small Entity	EXAMINAT	10N FEES <u>Small (</u>	-ntity
Application Type	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	<u>Fees Pald (\$)</u>
ltility Jesign	300	150	500	250	200	100	
esign fant	200	100	100	50	130	65	
elsaue	200	100	300	150	160	80	
ovisional	300	150	500	250	600	300	
OARIONEI	200	100	0	0	0	0	
EXCESS CLAIM F	ZES					_	
ee Description					_	<u>Small I</u>	
ich claim över 20 (inclu	ıding Reissues)				Fee ((\$)	Fee (\$)
ich independent claim	over 3 (including	Releaves)			50		25
ultiple dependent claim	s				200 360		100
tat Cinima		a Claima	<u>Fee (\$)</u>	Fee Paid (\$)		pla Dapende	160
= highest number of t	or HP =	for if amoles the	=		Fee (Fee Paid (\$)
	Valle paid	ior, a greater the	n 20.	_			
dependent Claims		a Claims	<u>Fee (\$)</u>	Fee Pald (\$)			
o 6 +	r HP =	*	_				
e highest number of in		he paid for, if gre	ater than 3.				
APPLICATION SIZE							
he specification and lings under 37 CFR ests or fraction there	drawings exce 1.52(e)), the approximately act. See 35 Lts	ed 100 sheet pplication size	of paper (exclud fee due is \$250 (ting electronically fil \$125 for small entity	ed sequence or y) for each additi	computer	
tai Sheets			-, 0, , , , ,	10(3).			<u> </u>
	Extra Shee	rs <u>N</u> ui	nber of each add	ditional 50 or fracti	ion thereof	Fee (\$)	Fee Paid (\$)
100 e		/50 =	(round	up to a whole numi	ber) x		
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OTHER FEE(8)	ion \$190 ion /	no small entity	discount)				Fees Paid (\$)
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n-English Specificati ner (e.g., late fillng st							<u>\$120.00</u>
		Re	glession No. tomey/Ageny	39,731	Tellaranne	(800)	
n-English Specificati ver (e.g., late filing so	urcharge); One	# 15 m	gila silan No. tamay/Agamj		Telaphone	(809) 734-	6816

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